TRANSMIL TAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: 04-009	2. STATE Pennsylvania
FOR: HEALTH CARE FINANCING ADMINISTRATION	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID) Title XIX	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF MEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE June 1, 2004	
5. TYPE OF PLAN MATERIAL (Check One):		
□ NEW STATE PLAN □ AMENDMENT TO BE CONSIDERED AS NEW PLAN □ AMENDMENT COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)		
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT:	amendment)
42 CFR 447 Subpart C	a. FFY 2004 b. FFY 2005	\$ 15,130,000.00 \$ 14,715,000.00
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19A, Page 21c	9. PAGE NUMBER OF THE SUPERS OR ATTACHMENT (If Applicable)	
10. SUBJECT OF AMENDMENT: Additional Class Of Disproportionate Share Payments to hospitals located in the Commonwealth Of Pennsylvania accredited as trauma centers by the Pennsylvania Trauma System Foundation.		
11. GOVERNOR'S REVIEW (Check One): GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	☐ OTHER, AS SPECIFIED: Review and approval authority has been delegated to the Department of Public Welfare	
12. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO: Commonwealth of Pennsylvania Department of Public Welfare	
13. TYPED NAME:	Office of Medical Assistance Programs	
Estelle B. Richman	Bureau of Policy, Budget and Planning	
14. TITLE: Secretary of Public Welfare	P.O. Box 8046	
15. DATE SUBMITTED:	Harrisburg, Pennsylvania 17105	
FOR REGIONAL OF	FICE USE ONLY 18 DATE APPROVED:	Service Control of the Control of th
JUN 14 CAPE	NOV 3 0	2004
PLAN APPROVED - ON 19. EFFECTIVE DATE OF APPROVED MATERIAL: UN - 1. 2004	20-SIGN AND EGIONAL PER	PICIAL:
21 TYPED NAME: Carmen Keller.	22 TITUE DE BUTY DIVE	TOR, CMSO
23. REMARKS:		

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT ATTACHMENT 4.19A STATE: COMMONWEALTH OF PENNSYLVANIA Page 21c METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES – INPATIENT HOSPITAL CARE

Additional Disproportionate Share Payments

Effective June 1, 2004, the Department will make an additional disproportionate share payment to hospitals located in the Commonwealth of Pennsylvania that are accredited as trauma centers by the Pennsylvania Trauma System Foundation (Foundation) in order to improve access to readily available and coordinated trauma care for the citizens of this Commonwealth. The Department has appropriated \$12.5 million for this initiative.

Level I and Level II Trauma Centers

The Department will allocate 90% of the total available funds to hospitals accredited as Level I and Level II trauma centers. 50% of this amount available for Level I and Level II trauma centers will be distributed equally among Level I and Level II trauma centers. 50% of the total amount available for Level I and Level II centers will be distributed on the basis of each trauma center's percentage of medical assistance and uninsured trauma cases and patient days compared to the Statewide total number of medical assistance and uninsured trauma cases and patient days for Level I and Level II trauma centers. For these payments, the Department will calculate payment to each qualifying hospital accredited as a Level I or Level II trauma centers using data provided by the Foundation.

Level III Trauma Centers

A hospital must be accredited by the Foundation as a Level III trauma center in order to qualify for these disproportionate share payments. The Foundation will accredit Level III trauma centers in accordance with established standards, based upon the guidelines for Level III trauma centers as defined by the American College of Surgeons. In addition to the established standards a hospital must meet all of the following criteria to qualify for Level III accreditation: (1) provide comprehensive emergency services, (2) have, on an annual basis, at least 4,000 inpatient admissions from its emergency department, (3) be located in a county without an accredited Level I or Level II trauma center and (4) not be located within 25 miles travel distance from a Level I or Level II trauma center.

The Department will allocate the 10% of the total available funds to hospitals accredited as Level III trauma centers. Until such time that data is available regarding each trauma center's percentage of medical assistance and uninsured trauma cases and patient days compared to the Statewide total number of medical assistance and uninsured trauma cases and patient days for Level III trauma centers, the available funds will be distributed equally to Level III trauma centers. Payment to each qualifying Level III trauma center may not be greater than 50% of the average Statewide annual payment to a Level II trauma center.

TN # 04-009 Supercedes TN# New